



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH HAMMOND

City of Hospital: Hammond

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Akeisha King

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Medicare Provider Number: 15-0004

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$171205687
Outpatient Patient Service Revenue	\$507246112
Total Gross Patient Service Revenue	\$678451799

2. Deductions From Revenue

Contractual Allowance	\$480676337
Other Deductions	\$24709492
Total Deductions	\$505385829

3. Total Operating Revenue

Net Patient Service Revenue	\$173065969
Other Operating Revenue	\$9548059
Total Operating Revenue	\$182614028

4. Operating Expenses

Salaries and Wages	\$76777182	Employee Benefits	\$22156753
Depreciation and Amortization	\$31351930	Interest Expense	\$1763009
Bad Debt	\$-2025049	Other Expenses	\$84687135
Total Operating Expenses	\$214710960		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-32096931	Total Assets	\$56676206
Net Non-operating Gains over Loss	\$-681784	Total Liabilities	\$-51483057

Total Net Gains	\$-32778715
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$360956194	\$299394267	\$61561927
Medicaid	\$138496467	\$116362349	\$22134118
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$178999137	\$64919721	\$114079416
Total	\$678451798	\$480676337	\$197775461

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$3757	\$15513	\$-11756

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$13449	\$-13449

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$93026	\$-93026
Hospital Patients	\$0	\$106067	\$-106067
Community Education	\$0	\$352225	\$-352225

Number of Medical Professionals Trained	52
Number of Hospital Patients Educated	4862
Number of Citizens Exposed to Health Education Messages	11443

Statement Six: Charity Statement

Hospital Charity Charges	\$24709492
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5659327	
HCI Payments	\$0		
Subtotal	\$0	\$5659327	\$-5659327
Medicaid Shortfalls	\$38250206	\$42674166	
Subtotal	\$38250206	\$48333493	\$-10083287
DSH Payments	\$0		
Subtotal	\$38250206	\$48333493	\$-10083287
Medicare Shortfalls	\$11238664	\$14151832	
Other Government Programs	\$0	\$0	
Total	\$49488870	\$62485325	\$-12996455

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$88162182	\$158277723	\$-70115541
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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